

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Solid Waste Permits Section Office of Land Quality (N1154) 100 N. Senate Ave., P.O. Box 6015 Indianapolis, IN 46206-6015

**INSTRUCTIONS** 

This application form shall be used to apply for transfer of solid waste facility permits. Pursuant to 329 IAC 10-13-5 and 329 IAC 11-11-5, this application must be received by the Commissioner of the Indiana Department of Environmental Management at least sixty (60) days prior to the proposed date of transfer. Per 329 IAC 10-13-5(a) and 329 IAC 11-11-5(a), a permit may be transferred if the transferee has not been convicted under IC 13-30-6 or IC 36-9-30-35, nor has the transferee had a permit revoked under IC 13-15-7. When completed, please return this form and support documents to the address given in the box above.

Section A. Transferee Information							
Name							
Mailing Address	Street	Apt. #	P.O. Box	Town/City			
State	ZIP code	Telephone N	Number (with area	a code)			
	Section B. Transfero	or (Current	Permittee) In	formation			
Name		,	,				
Mailing Address	Street	Apt.#	P.O. Box	Town/City			
State	ZIP code	Telephone N	Number (with area	a code)			
Section C. Property Owner Information							
Name							
Address	Street	Apt.#	P.O. Box	Town/City			
State	ZIP code	Telephone N	Number (with area	a code)			
	Section I	). Facility	Information				
Facility Name				ermit Number(s)			
Mailing Address	Street	Apt. #	P.O. Box	Town/City			
County and Gene	ral Location						
Type of Operation	(please check one)						
	Sanitary Landfill (Municipal Solid Waste Landfill)			Restricted Waste Site Type I			
	Sanitary Landfill (Non-municipal Solid Waste Lan	dfill)		Restricted Waste Site Type II			
	Construction/Demolition Site			Restricted Waste Site Type III			
	Infectious Waste Incinerator-7 tons/day or greate	r		Solid Waste Processing Facility			
County and Gene	ral Location						
	Section E. Add	itional Info	ormation Reg	uired			
Section E. Additional Information Required  Pursuant to 329 IAC 10-13-5 and 329 IAC 11-11-5, the following information shall be submitted as attachments:							
1. Where provide 2. The train 3. A writte 4. Comple	financial responsibility is required for a facility, the tradi in 329 IAC 10-39-1 and 329 IAC 11-16-1. Insferee must provide proof that the transferee is, or a greement containing a specific date of transfer of the legal description of the facility.	ansferee must	t provide proof of	this financial responsibility as			

Section F. Signatures and Certification Statements						
329 IAC 11-9-3(d) requires that the signatory for a permit application sign the following certification statement:						
"I hereby certify that to the best of my knowledge, the above information is accurate and request that solid waste facility permit numberbe transferred to the party named above as the new applicant."						
Transferor's Signature	Transferor's Name Typed	Date Signed				
329 IAC 11-9-1(b) requires the owner of the land upon which a facility is located to sign the application form acknowledging the land owner's responsibility established in 329 IAC 11-11-4:						
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information."						
Transferee's Signature	Transferee's Name Typed	Date Signed				
"I hereby certify that I am fully aware of my responsibilities established in 329 IAC 10 and 11 as owner(s) of the land upon which a solid waste facility is located and shall be liable for any environmental harm caused by the facility."						
Property Owner's Signature	Property Owner's Name Typed	Date Signed				